RCE 10/2/03

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

		CLAIMS AS	S FILED - (Column		mn 2)	SMALL ENTITY 2) TYPE []			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED NU			ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TC	TAL CHARGEA	BLE CLAIMS	7 9 minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *					X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT				Ī	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in c						column 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II						(Column 2)		SMALL	ENTITY	OR	OTHER SMALL I	
_	Ammin 2011 1 2011	(Column 1)	Account to the contract of	(Colur		(Column 3)				1		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=		
(Column 1) (Column 2) (Column 3)							L	TOTAL			TOTAL	
							А	NDDIT. FEE		,	ADDIT. FEE	
	(Column 1) CLAIMS		HIGHEST			T T	1 -					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [+140=	:	OR	+280=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (C												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 4114	=		X42=		OR	X84=	·· ·· ·· ·
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						▎┠					
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	If the "Highest Nu	mber Previously Pa	aid For IN THI	S SPACE &	s less tha	n 20, enter "20."	" AI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09785831

CLAIMS AS FILED - PART (Column 1)					(Colu	mn 2)		SMALL ENTITY TYPE			OTHER THAN						
TOTAL CLAIMS			.35					RATE	FEE) 	RATE	FEE					
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE						
то	TAL CHARGEA	BLE CLAIMS	35 minus 20=		*	15	·	X\$ 9=		OR	X\$18=	270.00					
IND	EPENDENT CL	AIMS	5 mir	nus 3 =	*	2.		X40=		OR	X80=	160.00					
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=						
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	-	TOTAL		OR OR	TOTAL	11 40 . DO					
CLAIMS AS AMENDED								IOIAL		IUM	OTHER						
(Column 1)				(Colur	mn 2)	(Column 3)	1 -	SMALL	ENTITY	OR	SMALL						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	Constitution and	HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
NDN	Total	*	Minus	**		= .	,	X\$ 9=	,	OR	X\$18=						
AME	Independent	*	Minus	***	P. C	=	مثقت	X40=		OR	X80=						
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=	·					
								TOTAL		ا	TOTAL						
(Column 1) (Column 2) (Column 3								ADDIT. FEE	L	I	ADDIT. FEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
MQ?	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=						
AME	Independent	*	Minus	***	F 61 111	= -	1	X40=		OR	X80=	. W. 1 .					
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+135=		OR	+270=						
		•					İ	TOTAL			TOTAL ADDIT. FEE						
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE										MATERIAL STATE							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
	Total		Minus	**		=]	X\$ 9=	•	OR	X\$18=						
	Independent	រ៉ូម មាន វ្ មជា មារ វិទ្ធិ ប្រជាពល	Minus	***		=	1	X40=		OR	X80=						
	FIRST PRESE	ULTIPLE DEI	PENDEN	T CLAIM		L			÷	+270=							
٠.	If the entry in colu	mn 1 is less than th	ne entry in colu	ımn 2, write	e "0" in co	lumn 3.		+135= TOTAL		OR	+2/0=	<u> </u>					
** ***	If the "Highest Nu "If the "Highest Nu	mber Previously Pa Imber Previously P	aid For" IN THI aid For" IN THI	S SPACE	is less tha is less tha	an 20, enter "20. an 3, enter "3."		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									